

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: North Providence Housing Authority

PHA Number: RI017

PHA Fiscal Year Beginning: 04/2001

PHA Plan Contact Information:

Name: Donna M. Conway, Executive Director

Phone: 401-728-0930

TDD:

Email (if available): npha@netsense.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ **Main administrative office of the PHA**
PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ **Main administrative office of the PHA**
PHA development management offices
Main administrative office of the local, county or State government
Public library
PHA website
Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ **Main business office of the PHA**
PHA development management offices
Other (list below)

PHA Programs Administered:

☒ **Public Housing and Section 8** Section 8 Only Public Housing Only

Annual PHA Plan
Fiscal Year 20
 [24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The following policies have been updated in accordance with the Public Housing Reform Act of 1998:

Public Housing Admissions & Continued Occupancy
Section 8 Administrative Plan
Pet Policy for Public Housing Families
Public Housing Lease

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. **X Yes** No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 206,174 (estimated)

C. **X Yes** No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

X The Capital Fund Program 5-Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

X The Capital Fund Program Annual Statement is provided as Attachment

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes **X No**: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment 5

3. In what manner did the PHA address those comments? (select all that apply)

☒ **The PHA changed portions of the PHA Plan in response to comments**

A list of these changes is included

Yes No: below or

☒ **Yes No: at the end of the RAB Comments in Attachment 5.**

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment _____.

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (Rhode Island Consolidated Plan)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes **X** No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan: n/a

B. Significant Amendment or Modification to the Annual Plan: n/a

Attachment A**Supporting Documents Available for Review**

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
<input checked="" type="checkbox"/>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<input checked="" type="checkbox"/>	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<input type="checkbox"/>		
<input checked="" type="checkbox"/>	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
<input checked="" type="checkbox"/>	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<input checked="" type="checkbox"/>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
<input checked="" type="checkbox"/>	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
licable & Display	Supporting Document	Related Plan Component
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures

List of Supporting Documents Available for Review		
licable & Display	Supporting Document	Related Plan Component
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
/a	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
/a	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
/a	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
licable & Display	Supporting Document	Related Plan Component
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
/a	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
/a	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy	Pet Policy
	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit

List of Supporting Documents Available for Review		
licable & Display	Supporting Document	Related Plan Component
/a	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Statement/Performance and Evaluation Report
Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

North Providence Housing Authority	Grant Type and Number Capital Fund Program: RI43P01750201 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of 2001
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Annual Statement and Evaluation Report for Period Ending: **Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)**
Final Performance and Evaluation Report

Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Original	Revised	Obligated	Expended
non-CFP Funds				
Operations				
Management Improvements	5,000.00			
Administration				
Audit				
Liquidated Damages				
Fees and Costs				
Site Acquisition				
Site Improvement	46,174.00			
Dwelling Structures	153,000.00			
1 Dwelling Equipment—Nonexpendable				
Nondwelling Structures	2,000.00			
Nondwelling Equipment				
Demolition				
Replacement Reserve				
Moving to Work Demonstration				
1 Relocation Costs				
Mod Used for Development				
Contingency				

Statement/Performance and Evaluation Report				
Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
North Providence Housing Authority		Grant Type and Number Capital Fund Program: RI43P01750201 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of 2001
Annual Statement		Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)		
and Evaluation Report for Period Ending:		Final Performance and Evaluation Report		
Summary by Development Account		Total Estimated Cost		Total Actual Cost
Amount of Annual Grant: (sum of lines 2-19)		206,174.00		
Amount of line 20 Related to LBP Activities				
Amount of line 20 Related to Section 504 Compliance		4,000.00		
Amount of line 20 Related to Security		3,000.00		
Amount of line 20 Related to Energy Conservation Measures		71,000.00		

Statement/Performance and Evaluation Report
Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Supporting Pages

North Providence Housing Authority		Grant Type and Number Capital Fund Program #: RI43P01750201 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001	
ent	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
	Training	1408	1	5,000.00			
es St	New Vinyl Siding	1460	100%	28,000.00			
	New Asphalt Roof Shingles	1460	100%	28,000.00			
	Porch Renovations	1460	100%	30,000.00			
	Replace Annex Entrance Windows	1460	100%	4,000.00			
	Upgrade Gutters & Downspouts	1460	100%	8,000.00			
dale	Install Hallway Handrails	1460	100%	4,000.00			
t	Tree Pruning/Removal	1450	100%	5,000.00			
.	Replace/Refinish Kitchen Cabinets	1460	100%	15,000.00			
	Install Air Conditioner Sleeves	1460	50%	8,000.00			
	Upgrade Asphalt/Sidewalks	1450	100%	22,174.00			
ver	Replace/Refinish Kitchen Cabinets	1460	100%	5,000.00			
	Install Air Conditioner Sleeves	1460	100%	3,000.00			
	Upgrade Asphalt/Sidewalks	1450	100%	18,000.00			
	Deck Renovations	1460	100%	10,000.00			
	Install Handrails Boiler Room	1460	100%	2,000.00			
	Repair/Replace Trash Enclosures	1470	100%	2,000.00			
ville	Repave Parking Areas	1450	100%	9,000.00			

Statement/Performance and Evaluation Report
Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Implementation Schedule

North Providence Housing			Grant Type and Number Capital Fund Program #: RI43P01750201 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001
Fund Number A-Wide ities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Date
	Original	Revised	Actual	Original	Revised	Actual	
	03-31-03			09-30-04			
	03-31-03			09-30-04			
	03-31-03			09-30-04			
	03-31-03			09-30-04			
	03-31-03			09-30-04			
	03-31-03			09-30-04			
	03-31-03			09-30-04			

und Program 5-Year Action Plan

table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvement in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because it is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
statement		Revised statement
	Development Name (or indicate PHA wide)	
	PHA Wide	
of Needed Physical Improvements or Management		Planned Start Date (HA Fiscal Year)
ts		
gineer		20,000.00
rks		4,000.00
gineer		20,000.00
rkds		4,000.00
Improvements - Training		5,000.00
Needs Assessment		5,000.00
gineer		18,000.00
rks		4,000.00
gineer		20,000.00
rks		4,000.00
ds Assessment		5,000.00
ed cost over next 5 years		109,000.00

und Program 5-Year Action Plan

table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvement in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because it is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
Original statement	Revised statement	
	Development Name (or indicate PHA wide)	
	Charles Street Manor	
Type of Needed Physical Improvements or Management Changes		Planned Start Date (PHA Fiscal Year)
Pavement/Sidewalks		03-31-02
Landscaping/Sitework		03-31-02
Install Outdoor Grille		03-31-02
Install Clothes Drying Yards		03-31-02
Install Outdoor Benches		03-31-03

chen Floors	16,000.00	03-31-03
et Doors	5,000.00	03-31-03
pgrades	45,000.00	03-31-04
e Lighting	10,000.00	03-31-04
mmunity Room & Patio	15,000.00	03-31-04
rades	20,000.00	03-31-05
onditioner Sleeves	10,000.00	03-31-05
nents	10,000.00	03-31-05
ovations/Handrails	15,000.00	03-31-05
lry Room Bldg. A	5,000.00	03-31-05
timated Cost over next 5 years	222,000.00	

und Program 5-Year Action Plan

table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvement in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because it is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
statement	Revised statement	
	Development Name Allendale Manor (or indicate PHA wide)	
of Needed Physical Improvements or Management ts	Estimated Cost	Planned Start Date (HA Fiscal Year)

Landscaping/Sitework	15,000.00	03-31-02
Recycle trash Enclosures	8,000.00	03-31-02
Recycle bins (50%)	5,000.00	03-31-02
Recycle Clothes Drying Yards	2,000.00	03-31-02
Recycling binage	5,000.00	03-31-02
Recycle Benches	10,000.00	03-31-03
Recycle bins (50%)	5,000.00	03-31-03
Recycle Lighting	10,000.00	03-31-04
Recycle upgrades	40,000.00	03-31-05
Estimated cost over next 5 years	100,000.00	

Capital Fund Program 5-Year Action Plan

Complete a table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because it is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
Original statement	Revised statement	
	Development Name (or indicate PHA wide)	
	Sunset Terrace	
Number of Needed Physical Improvements or Management Projects	Estimated Cost	Planned Start Date (PHA Fiscal Year)

ice Clothes Drying Yards	2,000.00	03-31-02
stair Treads	5,000.00	03-31-02
ndscaping	7,000.00	03-31-02
r Benches	15,000.00	03-31-03
ainting (50%)	10,000.00	03-31-04
ainting (50%)	10,000.00	03-31-05
ed cost over next 5 years	49,000.00	

und Program 5-Year Action Plan

table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvement in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because it is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
statement	Revised statement	
	Development Name (or indicate PHA wide)	
	Wentworth Apartments	
of Needed Physical Improvements or Management ts	Estimated Cost	Planned Start Date (HA Fiscal Year)

Appliances	6,000.00	03-31-02
Boilerboard Heat	15,000.00	03-31-02
Landscaping/Sitework	10,000.00	03-31-02
Driveway Upgrade	45,000.00	03-31-03
Roof Shingles	30,000.00	03-31-03
Painting	18,000.00	03-31-03
Filters & Downspouts	5,000.00	03-31-03
Streetlight Lighting	20,000.00	03-31-04
Bathrooms	30,000.00	03-31-05
Front Porch Doors	8,000.00	03-31-05
Basement & Interior Doors	17,000.00	03-31-05
Total cost over next 5 years	204,000.00	

Capital Fund Program 5-Year Action Plan

Complete a table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because it is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
Development	Revised statement	
	Development Name (or indicate PHA wide)	
	Andover Apartments	
Number of Needed Physical Improvements or Management Actions	Estimated Cost	Planned Start Date (PHA Fiscal Year)

Appliances	10,000.00	03-31-02
Reboard Heat	8,000.00	03-31-02
artment Lighting	10,000.00	03-31-03
Windows	20,000.00	03-31-04
Roof Shingles	20,000.00	03-31-04
ding	15,000.00	03-31-04
ters & Downspouts	4,000.00	03-31-04
rior Doors	3,000.00	03-31-05
et/Interior Doors	7,000.00	03-31-05
hrooms	15,000.00	03-31-05
ed cost over next 5 years	112,000.00	

und Program 5-Year Action Plan

table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvement in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because it is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
Statement	Revised statement	
	Development Name (or indicate PHA wide)	
	Marieville Manor	
of Needed Physical Improvements or Management ts	Estimated Cost	Planned Start Date (HA Fiscal Year)

Storage Shed	10,000.00	03-31-02
Lighting	5,000.00	03-31-02
Landscaping/Sitework	5,000.00	03-31-02
Automatic exterior Handicap Doors	10,000.00	03-31-02
Replacements	3,000.00	03-31-03
Innovations	15,000.00	03-31-04
Appliances	7,000.00	03-31-05
Estimated cost over next 5 years	55,000.00	

PHA Public Housing Drug Elimination Program Plan

\$ PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH N

General Information/History

nt of PHDEP Grant \$ N1 N2 R
lity type (Indicate with an “x”) N1 N2 R
n which funding is requested

ive Summary of Annual PHDEP Plan

elow, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the e
e summary must not be more than five (5) sentences long

Areas

following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDE
total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with
IC.

Target Areas development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

on of Program

uration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # o
identify the # of months).

12 Months 18 Months 24 Months

Program History

For each fiscal year (FY) that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously received funding has been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of the date of submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “Grant Extension” in the comments column.

Year	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date

PHDEP Plan Goals and Budget

Plan Summary

Below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals of the plan, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

PHDEP Budget Summary

Amount of PHDEP funding allocated to each line item.

FY _____ PHDEP Budget Summary	
Document Number: _____	
Document dated: _____	
Item	Total Funding
Reimbursement of Law Enforcement	
Law Enforcement Initiative	
Buyback TA Match	
Law Enforcement Personnel	
Payment of Investigators	
Law Enforcement Tenant Patrol	
Law Enforcement Improvements	
Prevention	
Intervention	
Treatment	
Program Costs	
PHDEP FUNDING	

PHDEP Plan Goals and Activities

Below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each line item (if applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no plan should be deleted.

Reimbursement of Law Enforcement		Total PHDEP Funding: \$

ities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators

cial Initiative	Total PHDEP Funding: \$
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ities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators

Buyback TA Match	Total PHDEP Funding: \$
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ities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Priority Personnel					Total PHDEP Funding: \$		
Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Employment of Investigators					Total PHDEP Funding: \$		
Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Municipal Tenant Patrol					Total PHDEP Funding: \$		
Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators

Physical Improvements					Total PHDEP Funding: \$		
Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

g Prevention		Total PHDEP Funding: \$

ities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

g Intervention	Total PHEDEP Funding: \$
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ities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

g Treatment	Total PHEDEP Funding: \$
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ities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

er Program Costs					Total PHDEP Funds: \$		
ities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Required Attachment __4__: Resident Member on the PHA Governing Board

1. Yes ☐ No: ☒ Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: n/a

B. How was the resident board member selected: (select one)? n/a
Elected
Appointed

C. The term of appointment is (include the date term expires): n/a

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
X the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
Other (explain):

B. Date of next term expiration of a governing board member: January, 2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): North Providence Town Council

Required Attachment ____4&5____: Membership of the Resident Advisory Board or Boards/Comments

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Jean Merrill	-	Marieville Manor
Priscilla Fontes	-	Marieville Manor
Michael DeDora	-	Charles Street Manor
Raymond Renaud	-	Sunset Terrace
Mary Ellen Benoit	-	Charles Street Manor
Regina Peters	-	Wentworth Apartments
Stephanie Kruwell	-	Section 8
Angela Samatis	-	Section 8

COMMENTS OF RESIDENT ADVISORY BOARD:

Comment:

Washer & Dryer needed in building with 20 people. (Charles Street Manor)

Response:

Washer & Dryer is scheduled for 03-31-05 but the Board of Commissioners is currently reviewing the possibility of taking a first floor apartment off-line to be used as a laundry room.

Comment:

Stoves need to be fixed. (Charles Street Manor)

Response:

New stoves for Charles Street Manor are scheduled in the Operating Budget for Fiscal Year End 03-31-02

Comment:

Intercom in Charles Street Manor not working:

Response:

Intercoms are in the bid and replacement process with Operating Budget for Fiscal Year End 03-31-01

Comment:

Cover for outside Air conditioner needs tape:

Response:

Air Conditioner Covers are in the Operating Budget for Fiscal Year End 03-31-02.

Comment:

The earliest start date appears to be 3/31/02, but ventilation in the laundry room might be given Emergency Status. The space is rather confined; heat from the machines builds up; dust, lint, detergent and bleach fumes become airborne--all can affect the health of persons with breathing difficulties. If it is not feasible to cut a window in the outside wall, perhaps a wall-mounted fan would be a working alternative; maybe the fan On/Off switch could be connected to the light switch.

Response:

As noted, the space is rather confined. As the laundry room is adjacent to the community room, it is not meant to be a place where a resident would sit and wait for laundry to finish. The Housing Authority will outfit some type of fan to circulate the air.

Comment:

When it comes time to remove or replace the benches outside. It has been suggested that a wooden swing or glider be installed on the patio by the front door. A swing could be suspended from the roof supports; a glider would sit on the cement. Residents would enjoy the health benefits of being outdoors, while having shelter from the elements (sun, wind, rain, etc.) This feature would also add to the esthetic appearance of the building.

Response:

The Housing Authority will consider some type of seating under the covered patio area for the use of the residents.

Comment:

I strongly believe that we need new apartment doors at Charles St. Manor sooner than the target date of 2005 for replacement. The present doors are light weight, not fireproof, definitely not soundproof, and many have gaps from 1/2" to 3" at the bottom of the door. This allows heat, dust, and noise into the apartment, not to say, smoke if there was a fire. This is an important improvement that needs to be done ASAP.

Response:

The Housing Authority has moved the replacement of apartment doors at Charles Street Manor from 2005 to the Operating Budget for Year End 03/31/02.

Comment:

When the new siding is put on the building in 2001, (Charles St. Manor), I would like to see the holes repaired in the studio apartment walls where the vertical air-conditioners used to be. Since the installation of air conditioner sleeves, many of us have purchased horizontal air-conditioners. I have an unsightly piece of plywood on my inner wall and also one on the outside wall, covering the hole.

Response:

The vinyl siding will cover any cosmetic problems on the outside of the building and the apartment painting scheduled for the year 2002 will repair any interior cosmetic problems.

Comment:

I would like to suggest that when new porches are built onto the apartments, the railings be designed to accommodate both plant pots, and cats. My cat is used to walking along the present railing, which I believe is a 2x4 piece of wood, and she would miss having that.

Response:

The Housing Authority will bring the comment to the attention of the Architect when the work is being Specified.

Comments:

In my past experience as a public housing resident, I have the following suggestions. window replacement scheduled around 2003 should be moved to 2005. In replacement a plumbing upgrade in the Wentworth and Andover Apartments should be made if still needed. Also more bathroom ventilation should be considered.

Response:

The Housing Authority has replaced windows with a plumbing upgrade for 2003 and will also be upgrading bathrooms at Wentworth and Andover in 2005.

Attachment ____6__ : Brief Statement of Progress in Meeting the 5-Year Plan Mission and Goals

The Town of North Providence Housing Authority has increased its efforts to improve the quality of assisted housing by hiring and experienced Section 8 Coordinator and a licensed Housing Quality Inspector for the Section 8 Housing Choice Voucher Program. Additionally, the Housing Authroity has completed modernization work that includes increased seurity through continuous run VCR security cameras and upgraded fire alarms systems. Also, modernization has included building difficiencies, such as windows and roofing, which had been targeted by the most recent REAC inspection and has been replaced.

The North Providence Housing Authority has also increased the Housing Choice Payment standard to the 110 percentile to assist recipients in finding housing and has also institued a flat rent for public housing recipients in order to promote self-sufficiency and in accordance with the Housing Quality Act of 1998. The Housing Authroity has also adopted the Community Service Requirement for public housing residents in accordance with the above mentioned act. These changes have been adopted by board resolution and made part of this Housing Authorities Admission and Continued Occupancy Policy.